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EXAMINER

CAMPBELL, KELLIE L

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PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No. 10/710,552	Applicant(s) BAKER ET AL.	
	Examiner KELLIE CAMPBELL	Art Unit 3691	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 26 October 2009.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-5,8-12,14,16,17,26,27,29,31 and 33 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-5,8-12,14,16,17,26,27,29,31 and 33 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1) <input type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413) |
| 2) <input type="checkbox"/> Notice of Draftperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____ |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date _____ | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

1. The following is a final Office Action on the merits in response to the application filed on October 26, 2009. Claims 6, 7, 13, 15, 18-25, 28, 30, and 35 are cancelled. No new claims are added. **Claims 1-5, 8-12, 14, 16-17, 26, 27, 29, 31, and 33 are pending and have been examined.**

Remarks

2. Examiner provides these remarks in order to assist Applicant in constructing claims. Examiner respectfully suggests that Applicant refrain from claiming “signals” as “signals” are nonstatutory subject matter. Examiner respectfully suggests that Applicant ensure that method steps are positively recited and should refrain from recitations of intended use where key limitations exist. The currently pending claims are replete with intended use language that does not limit the scope of the claims. Last, Examiner respectfully but strongly suggests that Applicant review the latest guidance on 35 U.S.C. §101 from the Office provided in the memo of August 5, 2010. The guidance can be found on the OPLA section of the USPTO website. 35 U.S.C. §101 rejections can be easily overcome by following the guidelines and examples in the memo’s slide pages.

Response to Amendment

3. Applicant’s amendment to claim 1 is sufficient to overcome the objection set forth in the previous Office action. The objection is hereby withdrawn.

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4. Applicant's amendment to claim 5 is sufficient to overcome the objection set forth in the previous Office action. The objection is hereby withdrawn.

5. Applicant's cancellation of Claim 6 renders the objection set forth in the previous Office action moot.

6. Applicant's amendment to claim 11 is sufficient to overcome the objection set forth in the previous Office action. The objection is hereby withdrawn.

7. Applicant's amendment to claim 26 is sufficient to overcome the objection set forth in the previous Office action. The objection is hereby withdrawn.

8. Applicant's amendments to Claims 5-6, 13-14, 16-17, 20, 24, and 32 are sufficient to overcome the 35 U.S.C. §112, second paragraph set forth in the previous Office action. The rejection is hereby withdrawn.

9. Applicant's cancellation of Claims 22-25 and 28 renders the 35 U.S.C. §112, second paragraph set forth in the previous Office action moot.

10. Applicant's amendments to Claims 26-27 and 29 are sufficient to overcome the 35 U.S.C. §112, second paragraph set forth in the previous Office action. The rejection is hereby withdrawn. However, new grounds of rejection under 35 U.S.C. §112, second paragraph are established in the instant Office action.

11. Applicant's amendments to Claims 18-19, 21, 26-27, 29-31, and 33 are sufficient to overcome the 35 U.S.C. §112, second paragraph set forth in the previous Office action. The rejection is hereby withdrawn.

12. Applicant's amendment to the pending Claims 1-5, 8-12, 14, 16-17, 26, 27, 29, 31, and 33 is insufficient to overcome the 35 U.S.C. §101 rejections set forth in the

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previous Office action. The rejections are hereby maintained. Also, see remarks above.

Response to Arguments

13. Applicant argues that claim 17 satisfies 35 U.S.C. §101.

Examiner respectfully disagrees and includes the inadvertently omitted reasons for rejection below.

14. Applicant makes various arguments about the still pending claims based on the newly added limitations.

Applicant's arguments with respect to pending Claims 1-5, 8-12, 14, 16-17, 26, 27, 29, 31, and 33 have been considered but are moot in view of the new ground(s) of rejection. (Note: While applicant argues limitations of cancelled claims that were rolled up into independent claims, Applicant actually modified those sections rolled up so that the limitations differ in scope that previously claimed. Thus, the amendments necessitated new grounds of rejection).

Claim Objections

15. Claims are objected to because of the following informalities: "further comprises" should be "further comprise". Appropriate correction is required.

16. Claim 29 is objected to under 37 CFR 1.75(c) as being in improper form because a multiple dependent claim should not be dependent on cancelled Claim 28. See MPEP § 608.01(n). Accordingly, the claim 29 has not been further treated on the merits.

Claim Rejections - 35 USC § 112

17. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

18. **Claims 1-5, 8-12, 14, 16-17, 26, 27, 29, 31, and 33 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.**

19. **As per Claims 1-5, 8-12, 14, 16-17, 26, 27, 29, 31, and 33**, they recite "constructed and arranged to cause the processor to", "cause the processor to", "to calculate". These are intended use recitations that do not limit the scope of the claims. The subject matter of a properly construed claim is defined by the terms that limit its scope. It is this subject matter that must be examined. As a general matter, the grammar and intended meaning of terms used in a claim will dictate whether the language limits the claim scope. Language that suggests or makes optional but does not require steps to be performed or does not limit a claim to a particular structure does not limit the scope of a claim or claim limitation. Applicant should positively recite the intended actions or method steps. Clarification is required.

Claim Rejections - 35 USC § 101

20. 35 U.S.C. 101 reads as follows:

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Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.

21. **Claims 1-33 are rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.**

22. **As per Claim 1**, it appears to be directed to a system. However, the components of the system "a registration mechanism", "a claim submission mechanism", and "a claim processing mechanism" are all software elements. No computer-readable medium or other hardware is positively recited to establish a statutory category or enable any functionality of the recited descriptive material to be realized. Therefore, Claim 1 is rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

23. **As per Claims 2-9**, they each depend either directly or indirectly on Claim 1 and do not cure the deficiencies set forth above. Therefore, Claims 2-9 are also rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

24. **As per Claim 10**, it is directed to a method comprising the steps of "generating" and "obtaining". In order for a process to be considered statutory under 35 U.S.C. §101, the claimed process must satisfy the "**machine or transformation test**"; that is the process must either: (1) be tied to a particular machine or apparatus or (2) transform a particular article to a different state or thing. In re Bilski, 545 F. 3d 943, 88USPQ2d 1385 (Fed. Cir. 2008). When neither of these requirements is met by the claim, the method is not a patent eligible process under 35 U.S.C. §101 and is non-statutory subject matter. The method steps of Claim 1 are not tied to a machine or

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apparatus and do not involve transforming an article into a different state or thing.

Applicant's claim is not drawn to patent-eligible subject matter because it fails the

"machine or transformation test". Therefore, Claim 10 is rejected under 35

U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

25. **As per Claims 11-16**, they each depend directly on Claim 10 and do not cure the deficiencies set forth above. Therefore, Claims 11-16 are also rejected under 35

U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

26. **As per Claim 17**, it is directed to a memory. A memory is none of a process, machine, manufacture, or composition of matter, therefore Claim 17 is directed to non-statutory subject matter. Therefore, Claim 17 is rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

27. **As per Claim 26**, it recites a program product. Further, the "acts" of the claimed program product manipulate only signals which are not any of a process, machine, manufacture, or composition of matter, thus, the acts are not being applied to statutory subject matter. *Gottschalk v. Benson*, 409 U.S. 63, 71 - 72, 175 USPQ 673, 676 (1972). Therefore, Claim 22 is rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

28. **As per Claims 27 and 29**, they each depend from either Claim 22 or Claim 26 and do not cure the deficiencies set forth above. Therefore, Claims 21-25 and 27-26 are also rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

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29. **As per Claim 31**, it recites a computer where the acts performed by the computer only manipulate signals which are not any of a process, machine, manufacture, or composition of matter, thus, the acts are not being applied to statutory subject matter. *Gottschalk v. Benson*, 409 U.S. 63, 71 - 72, 175 USPQ 673, 676 (1972). Therefore, Claim 31 is rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

Claim Rejections - 35 USC § 102

30. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

31. **Claims 1-33 are rejected under 35 U.S.C. 102(e) as being anticipated by U.S. Patent Application Publication 2003/0200118 A1 to Lee et al. (hereinafter Lee).**

32. **As per Claim 1**, Lee discloses a healthcare claims management and payment transaction system comprising:

a processor and a computer readable medium tangibly embodying a set of executable instructions (¶50, TPN hPay host processor/web site server; ¶369, hardware platforms (e.g. servers, data storage devices)), the executable instructions comprising:

a registration mechanism constructed and arranged to cause the processor to generate and transmit a message representing registration information to the system (¶157, CSR begins the enrollment process by entering basic information into the Provider Member Profile database via the Provider Member Profile Add Page....The system then records the Provider as an active Provider Member and sends an initial set of Provider Member information to the VISA DPS ePay System.);

a claim submission mechanism constructed and arranged to cause the processor to generate and transmit a message representing claim information to the system (¶18, The system involves a server that supplies the transaction set information about the payment of the claim to the provider.; ¶23, After health care services are rendered, the doctor submits a claim (step 102) for the "claim amount" to the payer.)); and

a claim processing mechanism constructed and arranged cause the processor to receive a message representing claim information generated and transmitted by the claim submission mechanism, to calculate and append to the claim information rates corresponding to services, expenses or combinations thereof provided by the claim information, (see at least Figures1 and related text; ¶23, after health care services are rendered, the doctor submits a claim (step 102) for the "claim amount" to the payer.; ¶30, the information is displayed as a "claim payment activity report" in the example of FIG. 2. In such a report, the information for each different claim appears on a separate line on display 217. In this way, staff in the doctor's office can, at the end of each day, use the web site served by server 213 to determine, for each claim submitted, whether the claim was adjudicated and if so, the amount paid by payer 204 and the amount paid

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by the patient.) to receive a message representing registration information generated and transmitted by the registration mechanism, and to generate and transmit a message representing payment authorization to a payment mechanism, the payment authorization being based at least in part on the registration information and the claim information (§46, TPN will have a vendor service agreement with VISA DPS to provide electronic funds transfer and settlement processing of the TPN hPay product through the VISA DPS ePay product. The VISA DPS ePay system receives HIPAA defined ASC X12N 835 Health Care Claim Payment/Advice transaction set transmissions from payers in an EFT format. The ASC X12N 835 EFT transaction set is used to debit the claim payment funds from the payer's plan account at its financial institution and deposit (credit) the funds into the provider's account at its financial institution; §103, The VISA DPS ePay System creates a Payer Wire Event Message in an Event File and transmits it to the TPN hPay Solution System. The Payer Wire Event Message identifies the Payer Member who sent the wire transfer, the amount of the wire transfer and the Transmissions covered by the wire transfer.);

wherein the payment mechanism is constructed and arranged to cause the processor to receive a message containing payment authorization from the claim processing mechanism (§7, The system also uses the transaction set information to transfer automatically the payer amount (amount to be paid by the patient's health insurance company) from the payer's bank account, through a settlement bank, and into the provider's bank account.; §35, The method set forth above is advantageous in that doctor 203 can receive the patient's authorization to pay the patient responsibility

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portion in a single patient visit at the time of service), and to generate and transmit a funds transfer message based upon such authorization such that funds are transferred from a funded account to a provider account (§7, The system also uses the transaction set information to transfer automatically the payer amount (amount to be paid by the patient's health insurance company) from the payer's bank account, through a settlement bank, and into the provider's bank account.), the payment authorization based in part on the claim information as compared to one or more templates, rule sets, or combinations thereof (§7, The system also uses the transaction set information to transfer automatically the payer amount (amount to be paid by the patient's health insurance company) from the payer's bank account, through a settlement bank, and into the provider's bank account; § 30, server 213 supplies to the doctor 203 certain information about the payment of the ...information can be transmitted to doctor 203 as a data file. the information transmitted to doctor 203, for each claim, includes: the trace number, a claim number (a data element from the transaction set), the total claim amount (the total claim amount data element from the transaction set), the payer paid amount (the claim payment amount data element from the transaction set), and the actual patient responsibility portion (the patient responsibility amount data element from the transaction set).

33. **As per Claim 2**, Lee discloses the system of claim 1, wherein the registration mechanism is further constructed and arranged to cause the processor to receive a message representing registration information from one or more users (see at least

Figure 7 and related text; ¶61, FIG. 7 is a Cross-Functional Process Map that illustrates the Payer Member Enrollment Process.).

34. **As per Claim 3**, Lee discloses the system of claim 1, wherein the claim submission mechanism is further constructed and arranged to cause the processor to receive a message representing claim information from one or more users (¶103, The VISA DPS ePay System creates a Payer Wire Event Message in an Event File and transmits it to the TPN hPay Solution System. The Payer Wire Event Message identifies the Payer Member who sent the wire transfer, the amount of the wire transfer and the Transmissions covered by the wire transfer.).

35. **As per Claim 4**, Lee discloses the system of claim 1, wherein the claim processing mechanism is further constructed and arranged to cause the processor to generate and transmit a message representing claim information and payment authorization to the registration mechanism (¶103, The VISA DPS ePay System creates a Payer Wire Event Message in an Event File and transmits it to the TPN hPay Solution System. The Payer Wire Event Message identifies the Payer Member who sent the wire transfer, the amount of the wire transfer and the Transmissions covered by the wire transfer.).

36. **As per Claim 5**, Lee discloses the system of claim 4, wherein the registration mechanism is further constructed and arranged cause the processor to generate and transmit a message containing some or all of the claim information, registration information payment authorization, or combinations thereof to one or more users (see at least Figure 6 and related text; 82, Payer Members send information about health care

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claim payments over a secured telecommunication path to the VISA DPS ePay System).

37. **As per Claim 8**, Lee discloses the system of claim 1, wherein the executable instructions further comprises an insurance submission mechanism (see at least Figure 2; ¶76, If the Provider is a member of the TPN hpay System, the Payer Member initiates a process to submit an 835 to the VISA DPS ePay System), and the claim processing mechanism is further constructed and arranged to cause the processor to generate and transmit a message representing some or all of the claim information, the registration information, the payment authorization or combinations thereof to the insurance submission mechanism, (¶5, After service has been rendered, the provider submits a claim to a payer (for example, the patient's health insurance company) for payment. After adjudication, the payer transmits a transaction set to the system. The transaction set indicates, among other things, the actual patient responsibility amount and a payer's amount. The payer's amount is the amount to be paid by the payer.).

38. **As per Claim 9**, Lee discloses the system of claim 8, wherein: the insurance submission mechanism is further constructed and arranged to cause the processor to generate and transmit a message representing an insurance claim action (¶103, The VISA DPS ePay System creates a Payer Wire Event Message in an Event File and transmits it to the TPN hPay Solution System) and;

the claim processing mechanism is further constructed and arranged to receive a message representing insurance claim action from the insurance submission mechanism (¶103, The VISA DPS ePay System creates a Payer Wire Event Message

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in an Event File and transmits it to the TPN hPay Solution System.), and to generate and transmit a second funds transfer message representing payment authorization to the payment mechanism, the payment authorization based at least in part on the insurance claim action and the registration information (§27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.).

39. **As per Claim 10**, Lee discloses a method of managing and paying healthcare claims, the method comprising:

by a registration mechanism stored on a computer readable medium, generating a message representing registration information to the system (§157, CSR begins the enrollment process by entering basic information into the Provider Member Profile database via the Provider Member Profile Add Page....The system then records the Provider as an active Provider Member and sends an initial set of Provider Member information to the VISA DPS ePay System.);

by a claim submission mechanism stored on a computer readable medium, generating a message representing a healthcare claim to the system (see at least Figure 2 and related text; §8, The system involves a server that supplies the transaction set information about the payment of the claim to the provider.; §23, After health care services are rendered, the doctor submits a claim (step 102) for the "claim amount" to the payer.)) and

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by a claim processing mechanism stored on a computer readable medium, obtaining a message representing registration information generated by the registration mechanism (see at least Figure 2 and related text),

obtaining a message representing a healthcare claim generated by the claim submission mechanism, calculating rates corresponding to services, expenses or combination thereof provided by the healthcare claim, (see at least Figure 2 and related text; ¶30, the information is displayed as a "claim payment activity report" in the example of FIG. 2. In such a report, the information for each different claim appears on a separate line on display 217. In this way, staff in the doctor's office can, at the end of each day, use the web site served by server 213 to determine, for each claim submitted, whether the claim was adjudicated and if so, the amount paid by payer 204 and the amount paid by the patient.), and

generating and transmitting a message representing payment authorization to a payment mechanism stored on the computer readable medium, the payment authorization being based at least in part on the claim information and the registration information (see at least Figure 2 and related text; ¶27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.), and

by the payment mechanism, receiving a message containing payment authorization from the claim processing mechanism (¶7, The system also uses the

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transaction set information to transfer automatically the payer amount (amount to be paid by the patient's health insurance company) from the payer's bank account, through a settlement bank, and into the provider's bank account.), and generating and transmitting a message such that funds are transferred from a funded account to a provider account, wherein the payment authorization is based in part on the claim information as compared to one or more templates, rule sets, or combinations thereof thereof (§7, The system also uses the transaction set information to transfer automatically the payer amount (amount to be paid by the patient's health insurance company) from the payer's bank account, through a settlement bank, and into the provider's bank account; § 30, server 213 supplies to the doctor 203 certain information about the payment of the ...information can be transmitted to doctor 203 as a data file. the information transmitted to doctor 203, for each claim, includes: the trace number, a claim number (a data element from the transaction set), the total claim amount (the total claim amount data element from the transaction set), the payer paid amount (the claim payment amount data element from the transaction set), and the actual patient responsibility portion (the patient responsibility amount data element from the transaction set). .

40. **As per Claim 11**, Lee discloses the method of claim 10 further comprising the claim submission mechanism receiving a message representing a healthcare claim from one or more users (§23, After health care services are rendered, the doctor submits a claim (step 102) for the "claim amount" to the payer.).

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41. **As per Claim 12**, Lee discloses the method of claim 10, further comprising the claim processing mechanism generating and transmitting a message representing the healthcare claim and the payment authorization to the registration mechanism (see Figure 8 and related text; ¶23, After health care services are rendered, the doctor submits a claim (step 102) for the "claim amount" to the payer.).

42. **As per Claim 14**, Lee discloses the method of claim 10, further comprising the registration mechanism generating and transmitting a message containing some or all of the claim information, registration information, payment authorization or combinations thereof to one or more users (¶03, The VISA DPS ePay System creates a Payer Wire Event Message in an Event File and transmits it to the TPN hPay Solution System. The Payer Wire Event Message identifies the Payer Member who sent the wire transfer, the amount of the wire transfer and the Transmissions covered by the wire transfer.).

43. **As per Claim 16**, Lee discloses the method of claim 10, further comprising the claim processing mechanism generating and transmitting a message representing some or all of the claim information the registration information, the payment authorization or combinations thereof to an insurance submission mechanism stored on the computer readable medium, (see at least Figure 9 and related text; ¶27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.)

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44. **As per Claim 17**, Lee discloses a memory for storing data for access by an application program being executed on a data processing system, comprising:

a data structure stored in the memory, said data structure including information relating to one or more users issued by a registration server (see at least Figure 2 and related text; ¶8, The system involves a server that supplies the transaction set information about the payment of the claim to the provider. In one embodiment, the server is a web site server that supplies a web site to the provider. The provider can access the web site and determine, for each claim, the payer amount paid by the payer and the actual patient responsibility amount paid by the patient.), claim information relating to services performed by or on behalf of any of said one or more users, said claim information being issued by a claim submission server, and payment authorization information issued by the data processing system of the present invention (¶3, The doctor's office can then use the trace number (step 107) associated with a deposit to identify the other information about the same claim (such as, for example, transaction set information received by the doctor from the payer via arrow 206 and/or transaction set information received by the doctor from web site server 213 via arrow 215). Staff in the doctor's office can, for example, use the trace number to confirm, for each payment indicated by the transaction set information as having been made, that the proper deposit amount actually appears on the deposit statement 219 received from the doctor's bank 211) said payment authorization being based at least on the registration information, the claim information and one or more templates rule sets or combinations thereof (¶380, TPN is developing a "Privacy and Security Policy" whose goal is "to keep

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health care claim payment financial information secure and confidential." While the Policy is still under development, the TPN hPay Solution System must support the Policy's Objectives and must comply and conform with all the Rules and Regulations).

45. **As per Claim 26**, Lee discloses a program product for managing, processing and paying healthcare claims, the program product stored in one or more tangible computer readable media and readable by a computer so that the program product operates to perform the following instructions when read by the computer comprising: means for receiving electronic signals representing a healthcare claim;

receiving electronic signals representing registration information (§157, CSR begins the enrollment process by entering basic information into the Provider Member Profile database via the Provider Member Profile Add Page....The system then records the Provider as an active Provider Member and sends an initial set of Provider Member information to the VISA DPS ePay System.);

generating a message based on the healthcare claim and the registration information, the message specifying payment authorization for a certain sum based on calculated rates for services, expenses or combinations thereof provided by the healthcare claim, wherein payment authorization is based on the claim information as compared to one or more templates, rule sets, or combinations thereof (§27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210; §30,

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the information is displayed as a "claim payment activity report" in the example of FIG.

2. In such a report, the information for each different claim appears on a separate line on display 217. In this way, staff in the doctor's office can, at the end of each day, use the web site served by server 213 to determine, for each claim submitted, whether the claim was adjudicated and if so, the amount paid by payer 204 and the amount paid by the patient.); and

transmitting electronic signals representing the payment authorization message to a payment mechanism (¶27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.).

46. **As per Claim 27**, Lee discloses the program product of claim 26, wherein the instructions further comprise transmitting electronic signals representing claim information and payment authorization to a registration mechanism stored on computer readable media (¶27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.).

47. **As per Claim 29**, Lee discloses the program product of any of claims 26-28, wherein the instructions further comprise transmitting electronic signals representing

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some claim information, registration information and payment authorization to an insurance submission mechanism stored on computer readable media (¶27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.).

48. **As per Claim 31**, Lee discloses at least one computer programmed to execute a process for managing, processing and paying claims, the process comprising:

receiving electronic signals representing a claim (¶23, After health care services are rendered, the doctor submits a claim (step 102) for the "claim amount" to the payer. In FIG. 2 this is illustrated by arrow 202 extending from the health care provider 203 to the health care payer 204. The claim is adjudicated such that the "actual patient responsibility amount" and the "payer amount" are determined);

receiving electronic signals representing registration information (¶157, CSR begins the enrollment process by entering basic information into the Provider Member Profile database via the Provider Member Profile Add Page....The system then records the Provider as an active Provider Member and sends an initial set of Provider Member information to the VISA DPS ePay System.);

creating a payment authorization message specifying payment of the claim, wherein the payment authorization is based in part on claim information corresponding to the claim as compared to one or more templates, rule sets, or combinations thereof; and (¶27, Payer 204 also initiates wire transfer (step 103) of the payer amount as

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indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210); and

causing electronic signals representing the payment authorization message to be sent to a payment mechanism (¶27, Payer 204 also initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210) stored on computer readable media and configured to receive the payment authorization message and to generate and transmit a funds transfer message to a financial institution based upon such authorization such that funds are transferred from a funded account maintained at the financial institution to a provider account (¶7, The system also uses the transaction set information to transfer automatically the payer amount (amount to be paid by the patient's health insurance company) from the payer's bank account, through a settlement bank, and into the provider's bank account).

49. **As per Claim 33**, Lee discloses the computer of claim 32, wherein the process further comprises creating a message representing some claim information, registration information and payment authorization; and

causing electronic signals representing the message to be sent to an insurance submission mechanism stored on computer readable media (¶27, Payer 204 also

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initiates wire transfer (step 103) of the payer amount as indicated in FIG. 2 by arrow 207 extending from payer 204 to payer's bank 208. This authorizes payer's bank 208 to transfer the payer amount to a VISA ePAY settlement bank 209. In FIG. 2, this transfer of funds into VISA ePAY settlement bank 209 is illustrated by arrow 210.).

Conclusion

THIS ACTION IS MADE FINAL. Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Kellie Campbell whose telephone number is (571) 270-5495. The examiner can normally be reached on Monday through Thursday, 6:30 am to 5 pm est. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Alexander Kalinowski can be reached on 571-272-6771. The fax

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phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only.

For more information about the PAIR system, see <http://pair-direct.uspto.gov>.

Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

K.C.

/Alexander Kalinowski/

Supervisory Patent Examiner, Art Unit 3691